

# **RI Department of Health**

## Application and Instructions for:

	Bottler, Canner (Water) In-State Bottler, Canner (Water) Out of State
Applicant Name – (Na	me of Business) Please Print
Previous Business Name & Lic	cense Number (If Any) at this address

DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

## **INSTRUCTIONS**

- Registration shall be based upon <u>Satisfactory Compliance</u> with all applicable laws and regulations. Regulations can be obtained on our website at: <u>health.ri.gov/programs/bottledwater</u>
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be
  written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and
  your license/permit will not be issued.
- Attach a check/money order to the front of this application and mail to:

Rhode Island Department of Health Center for Drinking Water Quality Room 209 - 3 Capitol Hill Providence, RI 02908-5097

• Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. A receipt or cancelled check does not guarantee licensure.

#### **Application Fees:**

Bottler, Canner (Water) In State/Out of State

\$550.00

- If you have any questions concerning this application, call the Department of Health, Center for Drinking Water Quality at (401) 222-6867.
- Licensure application materials are public records as mandated by Rhode Island law and may be available to the
  public, unless otherwise prohibited by State or Federal Law.
- Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

### State of Rhode Island Department of Health - Center for Drinking Water Quality Name of Business: Please provide the name of the facility (as known to the public) for which you are applying for this license. Contact Person: Name:\_\_ Prefix First Name Please provide the name and Suffix Last Name telephone number of a (Mr/Mrs/Dr.) (Jr/III) person we can contact concerning this facility. Phone Number: Address Line 1 \_\_\_ **Facility Mailing Information:** Address Line 2 \_\_\_ Please provide the mailing information for all Address Line 3 \_\_\_ communication regarding this license. Address City, State, ZipCode \_\_\_\_\_ Address Country \_\_\_\_\_ **Facility Location** Address Line 1 \_\_\_\_ Information: Address Line 2 Please provide the location information regarding this Address Line 3 \_\_\_ license. Address City, State, ZipCode \_\_\_\_\_ Address Country \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address:\_\_\_\_ Ownership Type: Corporation Limited Liability Company Please check ONE Governmental Entity Sole Proprietorship Partnership Limited Partnership Partner Ownership Information: Name:----Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership. DBA: \_\_\_\_\_

Corporation, Limited Liability Company or Governmental

Entity.

Ownership Address Information:  Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Address Line 2  Address Line 3  Address City, State, Zipcode  Phone:  Fax:  Email Address:
Water Supply:	Does this establishment receive all or a portion of water supply from an on-site well?  Yes No
Sewage System:	Is this establishment serviced by a private sewage system (e.g. septic system)?
Employees:	Number of food handling employees:
Please indicate the number and types of employees:	Number of non-food handling employees:
Chain Information:	Is this facility part of a chain operation?
	☐ Yes ☐ No
SSN/FEIN:  (Social Security Number/Federal Employer Identification Number)  Please note if you are a sole proprietor this number may be your SSN.	Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.
Affidavit of Applicant Read, sign, and date this affidavit.	I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.  I further declare that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.  I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.
	Signature Date of Signature (MM/DD/YY)

Bottler, Canner (Water)